

United States v. Andrew Wolf and Kray Strange
Criminal Case No. 22-35

Summary Chart of Restitution Claims

<u>Victim</u>	<u>Total Restitution Claim</u>	<u>Medical Services To Date</u>	<u>Future Medical Services</u>	<u>Transportation To Date</u>	<u>Future Transportation</u>	<u>Academic Support To Date</u>	<u>Future Academic Support</u>	<u>Future Residential Therapeutic Support</u>	<u>Victim Contact</u>
Minor 1	\$285,200	\$5,000	\$180,200					\$100,000	
Minor 4	\$580,000	\$5,500 - \$7,000	\$573,000						
Minor 5	\$20,265	\$9,500	\$5,425	\$4,687	\$653				
Minor 7	\$95,480 (Requested amount \$20,000 - \$200,000)	\$80	\$95,400						
Minor 9	\$100,765	\$385 ¹	\$29,550			\$4,180	\$7,200	\$59,450	
Minor 10	\$33,320	\$1,465	\$31,855						

¹ This amount (\$385) and \$1,650 in future medical services relate to losses incurred and projected to be incurred for therapeutic support for Minor 9's mother. The remaining amount in the "future medical services" (\$27,900) is projected loss expected to be incurred by Minor 9 himself.

Minor 1

Minor 4

Minor 5

From
 Framework Therapy
 150 East Swedesford Road 2A
 Wayne, PA 19087-1400

Statement for Insurance Reimbursement

Issued: 03/27/2023

Provider
 Joseph Kwak

DX **Diagnosis Code**
 1 F43.20 - Adjustment disorder, unspecified

Date	POS	Service	DX	Description	Units	Fee	Paid
01/25/2023	11	90837	1	Psychotherapy, 60 min	1	\$175	\$175
02/09/2023	11	90837	1	Psychotherapy, 60 min	1	\$175	\$175
02/16/2023	11	90837	1	Psychotherapy, 60 min	1	\$175	\$175
02/23/2023	11	90837	1	Psychotherapy, 60 min	1	\$175	\$175
03/02/2023	11	90837	1	Psychotherapy, 60 min	1	\$175	\$175
03/09/2023	11	90837	1	Psychotherapy, 60 min	1	\$175	\$175
03/16/2023	11	90837	1	Psychotherapy, 60 min	1	\$175	\$175
03/23/2023	11	90837	1	Psychotherapy, 60 min	1	\$175	\$175
Total Fees						\$1,400.00	
Total Paid						\$1,400.00	

From Dawn M. Amey, MSW, LCSW, BCBA,
 LLC
 26 Summit Grove Ave Suite 207
 Bryn Mawr, PA 190103230

Statement for Insurance Reimbursement

Issue Date | 08/02/2022

Provider | Dawn Amey

DX	Diagnosis Code
1	F33.1 - Major depressive disorder, recurrent, moderate
2	F41.1 - Generalized anxiety disorder
3	F90.2 - Attention-deficit hyperactivity disorder, combined type

Date	Service	DX	Description (Insurance Place of Service)	Fee	Paid
07/12/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
07/19/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135

Total Charges \$270

Total Paid \$270

From Dawn M. Amey, MSW, LCSW, BCBA,
 LLC
 26 Summit Grove Ave Suite 207
 Bryn Mawr, PA 19010

Statement for Insurance Reimbursement

Statement | 1621
 Issue Date | 07/02/2022

Provider | Dawn Amey

DX	Diagnosis Code
1	F33.1 - Major depressive disorder, recurrent, moderate
2	F41.1 - Generalized anxiety disorder
3	F90.2 - Attention-deficit hyperactivity disorder, combined type

Date	Service	DX	Description (Insurance Place of Service)	Fee	Paid
06/06/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
06/07/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
06/13/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
06/14/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
06/20/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50

Total Charges	\$420
Total Paid	\$420



From Dawn M. Amey, MSW, LCSW, BCBA,
 LLC
 26 Summit Grove Ave Suite 207
 Bryn Mawr, PA 19010

Statement for Insurance Reimbursement

Statement | 1578
 Issue Date | 06/02/2022

Provider | Dawn Amey

DX	Diagnosis Code
1	F33.1 - Major depressive disorder, recurrent, moderate
2	F41.1 - Generalized anxiety disorder
3	F90.2 - Attention-deficit hyperactivity disorder, combined type

Date	Service	DX	Description (Insurance Place of Service)	Fee	Paid
05/02/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
05/06/2022	090834	1, 2, 3	Telehealth Individual Therapy (11)	\$135	\$135
05/10/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
05/19/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
05/23/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
05/31/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135

021

Total Charges \$640

Total Paid \$640



From Dawn M. Amey, MSW, LCSW, BCBA,
 LLC
 26 Summit Grove Ave Suite 207
 Bryn Mawr, PA 19010

Statement for Insurance Reimbursement

Statement | 1534
 Issue Date | 05/02/2022

Provider | Dawn Amey

DX	Diagnosis Code
1	F33.1 - Major depressive disorder, recurrent, moderate
2	F41.1 - Generalized anxiety disorder
3	F90.2 - Attention-deficit hyperactivity disorder, combined type

Date	Service	DX	Description (Insurance Place of Service)	Fee	Paid
04/04/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
04/07/2022	090834	1, 2, 3	Telehealth Individual Therapy (11)	\$135	\$135
04/18/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
04/21/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
04/25/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
04/28/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135

023

Total Charges \$555

Total Paid \$555



From Dawn M. Amey, MSW, LCSW, BCBA,
 LLC
 26 Summit Grove Ave Suite 207
 Bryn Mawr, PA 19010

Statement for Insurance Reimbursement

Statement | 1495
 Issue Date | 04/02/2022

Provider | Dawn Amey

DX	Diagnosis Code
1	F33.1 - Major depressive disorder, recurrent, moderate
2	F41.1 - Generalized anxiety disorder
3	F90.2 - Attention-deficit hyperactivity disorder, combined type

Date	Service	DX	Description (Insurance Place of Service)	Fee	Paid
03/03/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
03/07/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
03/10/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
03/14/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
03/17/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135
03/21/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50

025

Date	Service	DX	Description (Insurance Place of Service)	Fee	Paid
03/28/2022	090853	1, 2, 3	Telehealth DBT Group Therapy Session (11)	\$50	\$50
03/29/2022	90834	1, 2, 3	Individual Treatment (11)	\$135	\$135

Total Charges \$740

Total Paid \$740



Minor 7



Main Line Therapy Solutions, LLC

Providing Individual, Couples & Family Therapy

600 Haverford Road, Suite G104 630A Germantown Pike, First Floor Philadelphia Locations
Haverford, PA 19041 Lafayette Hill, PA 19444
(P) 610-649-6344 (F) 610-649-6930 (P) 610-825-2100 (F) 610-825-2101 (P) 610-649-6344 (F) 610-649-6930

www.MainLineTherapySolutions.com

To whom it may concern,

[REDACTED] is currently receiving 1x weekly mental health therapy sessions from Main Line Therapy Solutions, LLC. The rate for his initial Intake Session is \$210.00 and all subsequent Psychotherapy Sessions are at a rate of \$185.00 per session. Any questions, please don't hesitate to reach out.

Julia Turner MA ,LPC, NCC (she/her)
Outpatient Therapy Department
Main Line Therapy Solutions, LLC



Minor 9

VICTIM RESTITUTION
US v Wolf, Criminal No. 22-35

[REDACTED]

We are submitting 5 claims for a total of \$100,765.

1) Math Support for [REDACTED]

Provider - Tom Spencer

Cost - \$85/hr in 21/22 school year, \$100/hour currently

See attached Invoices.

Claim includes actual and projected costs for weekly support over 4 years of high school.

21/22 school year actual cost:	\$2380
22/23 school year actual cost - Feb	\$1800
22/23 school year projected - June	\$1200
23/24 school year projected:	\$3000
24/25 school year projected:	<u>\$3000</u>

CLAIM 1: **\$11,380**

2) Therapeutic Support for [REDACTED]

Provider - Childhood Solutions PC

Cost - \$225/hr

See attached fee letter.

Claim is based on projected future need.

Estimate for 2 years of weekly therapy.

104 hours x \$225/hr.

CLAIM 2: **\$23,400**

3) Therapeutic support for Mom

Provider - Barbara Foxman, MSW

Cost - \$55/session

See attached EOBs. 10 sessions/year are covered through Employee Assistance Program.

EAP administered via ComPsych Behavioral Health 888-515-4327.

Claim includes actual and projected costs for sessions as needed through 2025.

2022 actual cost - 7 sessions	\$385
2023 projected cost - 10 sessions	\$550
2024 projected cost - 10 sessions	\$550
2025 projected cost - 10 sessions	\$550

CLAIM 3: \$2035

4) Neuropsychological Evaluation for [REDACTED]

Provider - Idit Trope, Ph.D., Pediatric and Adult Neuropsychology

Cost - Approximately \$4500

See attached invoice for reference. (Services invoiced in that case to another family member for other reasons.) Claim is based on projected future need.

Estimate for one neuropsychological evaluation.

CLAIM 4: \$4500

5) Residential Therapeutic Support for [REDACTED]

Provider - Second Nature Wilderness Therapy (Duchesne, UT) 877-701-7600

Cost - \$4900 assessment, \$665/day, plus travel.

For more info see www.second-nature.com.

Claim is based on projected future need.

Estimate for one 10 week session.

Second Nature Initial Assessment: \$4900

\$665/ day x 70 days: \$46,550

Travel Companion Service: \$6500

Other travel expenses (flight, etc.) \$1500

CLAIM 5: \$59,450

Thomas S. Spencer, Inc. Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date: March 4, 2023

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
February 4, 2023	Balance due at last statement					\$ 400.00
February 6, 2023	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
February 27, 2023	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
Total						\$ 600.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

March 4, 2023

You have a balance due of:

\$

600.00

Balance Due. Please mail your payment to the above address. Thank you!

Please make check payable to
'Thomas S. Spencer, Inc.'

Thomas S. Spencer, Inc. Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date: March 4, 2023

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
February 4, 2023	Balance due at last statement					\$ 400.00
February 6, 2023	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
February 27, 2023	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
Total						\$ 600.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

March 4, 2023

You have a balance due of:

\$

600.00

Balance Due. Please mail your payment to the above address. Thank you!

Please make check payable to
'Thomas S. Spencer, Inc.'

Thomas S. Spencer, Inc. **Statement/Invoice**

MATH TUTORING

Date: February 4, 2023

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
December 31, 2022	Balance due at last statement					\$ 200.00
January 9, 2023	Payment, check #2645 dated 1/9/23 for \$200				\$ 200.00	\$ (200.00)
January 9, 2023	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
January 16, 2023	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
January 23, 2023	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
January 30, 2023	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
					Total	\$ 400.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

February 4, 2023

You have a balance due of:

\$

400.00

Balance Due. Please mail your payment to the above address. Thank you!

Please make check payable to 'Thomas S. Spencer, Inc.'

Thomas S. Spencer, Inc. Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date: December 31, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
December 3, 2022	Balance due at last statement					\$ 300.00
December 5, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
December 12, 2022	Payment, check #2640 dated 12/12/22 for \$300				\$ 300.00	\$ (300.00)
December 12, 2022	Session with [REDACTED] *late cancellation	1	\$ 100.00	\$ 100.00		\$ 100.00
Total						\$ 200.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

December 31, 2022

You have a balance due of:

\$

200.00

Balance Due. Please mail your payment to the above address. Thank you!

Please make check payable to 'Thomas S. Spencer, Inc.'

Thomas S. Spencer, Inc. **Statement/Invoice**

MATH TUTORING

"Inspiring Excitement and Success"

Date: December 3, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
November 4, 2022	Balance due at last statement					\$ 400.00
November 7, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
November 8, 2022	Payment, check #2630 dated 11/8/22 for \$400				\$ 400.00	\$ (400.00)
November 14, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
November 28, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
Total						\$ 300.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name: [REDACTED]

Date: December 3, 2022

You have a balance due of: \$ 300.00

Balance Due. Please mail your payment to the above address. Thank you!

Please make check payable to 'Thomas S. Spencer, Inc.'

Thomas S. Spencer, Inc. **Statement/Invoice**

MATH TUTORING

Date: November 4, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
September 30, 2022	Balance due at last statement					\$ 300.00
October 3, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
October 10, 2022	Payment, Check #2632 dated 10/10/22 for \$300				\$ 300.00	\$ (300.00)
October 10, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
October 17, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
October 24, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
Total						\$ 400.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name: [REDACTED]

Date: November 4, 2022

You have a balance due of: \$ 400.00

Balance Due. Please mail your payment to the above address. Thank you!

Please make check payable to 'Thomas S. Spencer, Inc.'

Thomas S. Spencer, Inc. **Statement/Invoice**

MATH TUTORING

Date: September 30, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
July 30, 2022	Paid in full at last statement. Thank you!					
September 12, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
September 19, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
September 26, 2022	Session with [REDACTED]	1	\$ 100.00	\$ 100.00		\$ 100.00
					Total	\$ 300.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name: [REDACTED]

Date: September 30, 2022

You have a balance due of: \$ 300.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc.

Statement/Invoice

MATH TUTORING

Date: June 10, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
April 29, 2022	Balance due at last statement					\$ 340.00
May 5, 2022	Payment, check #2606 dated 5/5/22 for \$340				\$ 340.00	\$ (340.00)
May 5, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
May 12, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
Total						\$ 170.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

June 10, 2022

You have a balance due of:

\$

170.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc. Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date: April 29, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
March 31, 2022	Balance due at last statement					\$ 595.00
April 2, 2022	Payment, check #2604 dated 4/2/22 for \$595				\$ 595.00	\$ (595.00)
April 7, 2022	Session with A [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
April 14, 2022	Session with A [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
April 21, 2022	Session with A [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
April 28, 2022	Session with A [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
					Total	\$ 340.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name: [REDACTED]

Date: April 29, 2022

You have a balance due of: \$ 340.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc.

Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date: March 31, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
February 26, 2022	Balance due at last statement					\$ 340.00
March 1, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
March 8, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
March 15, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
Total						\$ 595.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

March 31, 2022

You have a balance due of:

\$

595.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc. **Statement/Invoice**

MATH TUTORING

"Inspiring Excitement and Success"

Date: February 26, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
January 28, 2022	Balance due at last statement					\$ 255.00
February 2, 2022	Payment, check #2595 dated 2/2/22 for \$255				\$ 255.00	\$ (255.00)
February 1, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
February 8, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
February 15, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
February 22, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
					Total	\$ 340.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

February 26, 2022

You have a balance due of:

\$

340.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc.

Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date:

January 28, 2022

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
December 26, 2021	Balance due at last statement					\$ 170.00
January 5, 2022	Payment, check #2593 dated 1/5/22 for \$170				\$ 170.00	\$ (170.00)
January 11, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
January 18, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
January 25, 2022	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
Total						\$ 255.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

January 28, 2022

You have a balance due of:

\$

255.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc. Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date: December 26, 2021

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
November 22, 2021	Balance due at last statement					\$ 340.00
November 25, 2021	Payment, check #2566 dated 11/25/21 for \$340				\$ 340.00	\$ (340.00)
November 30, 2021	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
December 7, 2021	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
Total						\$ 170.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

December 26, 2021

You have a balance due of:

\$

170.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc. Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date: November 22, 2021

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
October 23, 2021	Balance due at last statement					\$ 340.00
October 26, 2021	Payment, check #2589 dated 10/26/21 for \$340				\$ 340.00	\$ (340.00)
October 26, 2021	Session w [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
November 2, 2021	Session w [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
November 8, 2021	Session w [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
November 16, 2021	Session w [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
Total						\$ 340.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

November 22, 2021

You have a balance due of:

\$

340.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc. Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date:

October 23, 2021

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
September 25, 2021	Balance due at last statement					\$ 170.00
September 25, 2021	Payment, check #2584 dated 9/25/21 for \$170				\$ 170.00	\$ (170.00)
September 26, 2021	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
September 28, 2021	Session with [REDACTED] cancelled. Thanks for giving at least 24 hours' notice! No charge*		\$ 85.00	\$ -		n/c
October 5, 2021	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
October 12, 2021	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
October 19, 2021	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
					Total	\$ 340.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

October 23, 2021

You have a balance due of:

\$

340.00

Please send your check to me at the above address. Thank you!

Thomas S. Spencer, Inc. Statement/Invoice

MATH TUTORING

"Inspiring Excitement and Success"

Date: September 25, 2021

Bill To:

Date	Type	Hours	Rate	Fee	Payment	Balance
June 18, 2021	Balance due at last statement					\$ 85.00
September 21, 2021	Session with [REDACTED]	1	\$ 85.00	\$ 85.00		\$ 85.00
Total						\$ 170.00

* Please note: sessions cancelled with less than 24 hours notice will be payable in full, except in an emergency or illness. In such cases, please provide as much notice as possible. Thanks!

SUMMARY

Customer Name:

Date:

September 25, 2021

You have a balance due of:

\$

170.00

Please send your check to me at the above address. Thank you!

Building a strong
future for children,
adolescents &
their families



Childhood
adolescence
& beyond

April 17, 2023

To Whom it May Concern,

[REDACTED] has been seen at Childhood Solutions and if he would like to return to our practice to see one of our psychologists our rates are as follows:

60 minute - \$225

45 minute - \$190

Please note there will be a rate increase in July 2023.

Thank you

Michele Taplinger

Clinical Manager

Provider: Barbara Foxman

Insured:

Line	Service Date	Cert #	T Code	Reason(s)	Billed	Covered	Ded/Coins/Copay Plan
1	02/01/2023	7014070	00007		0.00	55.00	0.00 55.00
Totals:					0.00	55.00	0.00 55.00

~ 10 more visits 2023 \$550
 ~ 20 " 2024 \$1100
 ~ 20 " 2025 \$1100

55
 110
 275

 \$3190

11

Provider: Barbara Foxman

Insured

Line	Service Date	Cert #	T Code	Reason(s)	Billed	Covered	Ded/Coins/Copay Plan
1	08/21/2022	7014070	00007		0.00	55.00	0.00 55.00
2	10/25/2022	7014070	00007		0.00	55.00	0.00 55.00
Totals:				0.00 110.00	0.00	110.00	

Claim: [REDACTED]
 Provider: Barbara Foxman

Patient: [REDACTED]
 Insur [REDACTED]

Line	Service Date	Cert #	T Code	Reason(s)	Billed	Covered	Ded/Coins/Copay Plan	Resp
1	05/10/2022	7014070	00007		0.00	55.00	0.00	55.00
2	05/17/2022	7014070	00007		0.00	55.00	0.00	55.00
3	05/26/2022	7014070	00007		0.00	55.00	0.00	55.00
4	06/03/2022	7014070	00007		0.00	55.00	0.00	55.00
5	06/16/2022	7014070	00007		0.00	55.00	0.00	55.00
Totals:					0.00	275.00	0.00	275.00

Idit Trope, Ph.D. & Associates, LLC

950 Haverford Rd, Suite 305

Bryn Mawr PA, 19010

610-520-0714

610-520-1528 (Fax)

idittrope@gmail.com

Out of Network Provider

Provider Information

Idit Trope, Ph.D.

PA Licensed Psychologist # PS-007360-L

Service: Neuropsychological Evaluation

CPT Codes:

Code	Time Unit	Units Completed	Date	Billed
96116	1 hour	1.5	5/26/20	\$376.3
96136	30 minutes	1	7/09/20	\$125.4
96136	30 minutes	1	7/21/20	\$125.4
+ 96137	30 minutes	14	7/21/20	\$1756
96132	1 hour	1	7/10/20	\$250.9
96132	1 hour	1	8/17/20	\$250.9
+ 96133	1 hour	6	8/17/20	\$1505.1

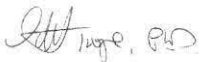
Total Time: 17.5 hours

Total Cost: \$4,390.00

Diagnosis Codes:

F34.1
F07.81
S06.0X0

PAID IN FULL



Minor 10

Total Costs Incurred (Dec. 2021 - Present): **\$1,465.00**

Date of Service	Provider	Cost
12/1/2021	Pepperman / Hindman	\$92.50
12/8/2021	Pepperman / Hindman	\$92.50
1/5/2022	Pepperman / Hindman	\$170.00
1/19/2022	Pepperman / Hindman	\$100.00
1/19/2022 (2)	Pepperman / Hindman	\$120.00
2/2/2022	Pepperman / Hindman	\$120.00
2/2/2022 (2)	Pepperman / Hindman	\$100.00
3/2/2022	Pepperman / Hindman	\$100.00
4/6/2022	Pepperman / Hindman	\$200.00
1/10/2023	Hee / Gentile	\$200.00
2/6/2023	Hee / Gentile	\$170.00

Est. Future Costs

Sessions/Year	30
Average Rate	\$200.00
Years Recommended	5
Annual Inflation	3%
Total Future Costs	\$31,855

Year	1	2	3	4	5	6	7
Cost	\$6,000	\$6,180	\$6,365	\$6,556	\$6,753	\$0	\$0
Total	\$31,855						

8	9	10	11	12	13	14	15	16	17	18	19	20	21
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

22	23	24	25	26	27	28	29	30
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

To: The Honorable Mark A. Kearney

Our son, Victim 10, has intermittently seen a therapist since late 2021. He will continue to see a therapist while he lives at home and are planning for him to resume sessions after the school year ends. We are hopeful that he will continue with therapy when he leaves for college and thereafter as needed. As his parents, we believe that there is a benefit to his speaking about this experience with a trained professional as he continues to make sense of what transpired with the defendant and processes his anger and pain.

It is difficult to predict how many sessions our son will need throughout his life. Please see the attached letter with the current fee schedule from Childhood Solutions, where he is a patient. We have also attached a spreadsheet with current and projected costs.

Thank you for your consideration,

 Parents of Victim 10)

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April 18, 2023

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[REDACTED] has been a patient at Childhood Solutions and if he would like to return to our practice to see one of our psychologists our rates are as follows:

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45 minute - \$190

Please note that there will be a rate increase in July 2023

Thank you,
Michele Taplinger
Clinical Manager